

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12438

CERTIFICATE OF DEATH

Reg. Dist. No. 12425

1. PLACE OF DEATH a. COUNTY <u>CAROLINE</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>CAROLINE</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>DENTON</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>DENTON</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS <u>1</u>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>LIN WOOD</u> First Middle Last <u>EATON</u>		4. DATE OF DEATH <u>NOV. 26</u> Month Day Year <u>1961</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV 28, 1878</u>
9. AGE (In years last birthday) <u>82</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brakeman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railway</u>	
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>JOHN F. EATON</u>		14. MOTHER'S MAIDEN NAME <u>MARY ROE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or (unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>213-03-9012</u>	
17. INFORMANT <u>Mrs Charles Griffith Denton</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>443X</u> DUE TO <u>Hypertensive Heart Disease</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO _____ (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. _____ 19 _____		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>July 21</u> , 19 <u>59</u> , to <u>Nov 26</u> , 19 <u>61</u> , that I last saw the deceased alive on <u>Nov 26</u> , 19 <u>61</u> , and that death occurred at <u>12 Noon</u> M, from the causes and on the date stated above.		ADDRESS (Street, city or town, state) DATE SIGNED <u>Nov 28, 1961</u>	
ACTUAL SIGNATURE <u>Dawson O. George</u> M.D.			
PHYSICIAN'S NAME (Type) <u>Dawson O. George M.D.</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Nov 29, 1961</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Denton</u>		22d. LOCATION (City, town, or county) (State) <u>Denton, Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Angie Moore Denton</u> ADDRESS		24a. REC'D BY REGISTRAR DATE <u>NOV 30 '61</u>	
		24b. REGISTRAR'S SIGNATURE <u>Carling S. Kinn</u>	

CERTIFICATE OF DEATH

12487

(M)

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH		6. OCCUPATION		7. MARITAL STATUS		8. COLOR		9. RELIGION		10. EDUCATION		11. SERVICE		12. GRADE		13. PAY		14. DUTY		15. STATUS		16. GRADE		17. PAY		18. DUTY		19. STATUS		20. GRADE		21. PAY		22. DUTY		23. STATUS		24. GRADE		25. PAY		26. DUTY		27. STATUS		28. GRADE		29. PAY		30. DUTY		31. STATUS		32. GRADE		33. PAY		34. DUTY		35. STATUS		36. GRADE		37. PAY		38. DUTY		39. STATUS		40. GRADE		41. PAY		42. DUTY		43. STATUS		44. GRADE		45. PAY		46. DUTY		47. STATUS		48. GRADE		49. PAY		50. DUTY		51. STATUS		52. GRADE		53. PAY		54. DUTY		55. STATUS		56. GRADE		57. PAY		58. DUTY		59. STATUS		60. GRADE		61. PAY		62. DUTY		63. STATUS		64. GRADE		65. PAY		66. DUTY		67. STATUS		68. GRADE		69. PAY		70. DUTY		71. STATUS		72. GRADE		73. PAY		74. DUTY		75. STATUS		76. GRADE		77. PAY		78. DUTY		79. STATUS		80. GRADE		81. PAY		82. DUTY		83. STATUS		84. GRADE		85. PAY		86. DUTY		87. STATUS		88. GRADE		89. PAY		90. DUTY		91. STATUS		92. GRADE		93. PAY		94. DUTY		95. STATUS		96. GRADE		97. PAY		98. DUTY		99. STATUS		100. GRADE		101. PAY		102. DUTY		103. STATUS		104. GRADE		105. PAY		106. DUTY		107. STATUS		108. GRADE		109. PAY		110. DUTY		111. STATUS		112. GRADE		113. PAY		114. DUTY		115. STATUS		116. GRADE		117. PAY		118. DUTY		119. STATUS		120. GRADE		121. PAY		122. DUTY		123. STATUS		124. GRADE		125. PAY		126. DUTY		127. STATUS		128. GRADE		129. PAY		130. DUTY		131. STATUS		132. GRADE		133. PAY		134. DUTY		135. STATUS		136. GRADE		137. PAY		138. DUTY		139. STATUS		140. GRADE		141. PAY		142. DUTY		143. STATUS		144. GRADE		145. PAY		146. DUTY		147. STATUS		148. GRADE		149. PAY		150. DUTY		151. STATUS		152. GRADE		153. PAY		154. DUTY		155. STATUS		156. GRADE		157. PAY		158. DUTY		159. STATUS		160. GRADE		161. PAY		162. DUTY		163. STATUS		164. GRADE		165. PAY		166. DUTY		167. STATUS		168. GRADE		169. PAY		170. DUTY		171. STATUS		172. GRADE		173. PAY		174. DUTY		175. STATUS		176. GRADE		177. PAY		178. 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STATUS		612. GRADE		613. PAY		614. DUTY		615. STATUS		616. GRADE		617. PAY		618. DUTY		619. STATUS		620. GRADE		621. PAY		622. DUTY		623. STATUS		624. GRADE		625. PAY		626. DUTY		627. STATUS		628. GRADE		629. PAY		630. DUTY		631. STATUS		632. GRADE		633. PAY		634. DUTY		635. STATUS		636. GRADE		637. PAY		638. DUTY		639. STATUS		640. GRADE		641. PAY		642. DUTY		643. STATUS		644. GRADE		645. PAY		646. DUTY		647. STATUS		648. GRADE		649. PAY		650. DUTY		651. STATUS		652. GRADE		653. PAY		654. DUTY		655. STATUS		656. GRADE		657. PAY		658. DUTY		659. STATUS		660. GRADE		661. PAY		662. DUTY		663. STATUS		664. GRADE		665. PAY		666. DUTY		667. STATUS		668. GRADE		669. PAY		670. DUTY		671. STATUS		672. GRADE		673. PAY		674. DUTY		675. STATUS		676. GRADE		677. PAY		678. DUTY		679. STATUS		680. GRADE		681. PAY		682. DUTY		683. STATUS		684. GRADE		685. PAY		686. DUTY		687. STATUS		688. GRADE		689. PAY		690. DUTY		691. STATUS		692. GRADE		693. PAY		694. DUTY		695. STATUS		696. GRADE		697. 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GRADE		785. PAY		786. DUTY		787. STATUS		788. GRADE		789. PAY		790. DUTY		791. STATUS		792. GRADE		793. PAY		794. DUTY		795. STATUS		796. GRADE		797. PAY		798. DUTY		799. STATUS		800. GRADE		801. PAY		802. DUTY		803. STATUS		804. GRADE		805. PAY		806. DUTY		807. STATUS		808. GRADE		809. PAY		810. DUTY		811. STATUS		812. GRADE		813. PAY		814. DUTY		815. STATUS		816. GRADE		817. PAY		818. DUTY		819. STATUS		820. GRADE		821. PAY		822. DUTY		823. STATUS		824. GRADE		825. PAY		826. DUTY		827. STATUS		828. GRADE		829. PAY		830. DUTY		831. STATUS		832. GRADE		83	
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12439

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12426

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Caroline	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg		c. LENGTH OF STAY IN 1b Minutes	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION West Central Avenue		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lawrence Middle Claude Last Howard, Jr.		4. DATE OF DEATH Month November Day 15 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 25, 1925
9. AGE (In years lost birthday) yrs. 36		10. IF UNDER 1 YEAR Months 6 Days 20	11. IF UNDER 24 HRS. Hours 6 Min. 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Broiler Grower		10b. KIND OF BUSINESS OR INDUSTRY Self-employed	
11. BIRTHPLACE (State or foreign country) Federalsburg, Md. R.F.D.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME L. Claude Howard Sr.		14. MOTHER'S MAIDEN NAME Alice T. Seeders	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 220-12-1527	
17. INFORMANT Mrs. Reba W. Howard, Federalsburg, Md. R.F.D.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Murder Coronary Thrombosis 420.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. (b) Arterial sclerotic Heart Disease DUE TO (c) 11-13-11-15 61 INTERVAL BETWEEN ONSET AND DEATH 10 MIN			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 11-13-1961	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from 11-13-1961 to 11-15-1961 , that (I) (we) last saw the deceased alive on 11-13-1961 , and that death occurred on 11-15-1961 from the causes and on the date stated above.			
22a. SIGNATURE W.E. Lennon M.D.		22b. DATE SIGNED 11-16-61	
22c. PHYSICIAN'S NAME (Type) Dr. W.E. Lennon		22d. ADDRESS Federalsburg, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF Nov. 18, 1961	23c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery	23d. LOCATION (City, town, or county) (State) Federalsburg Maryland
24. FUNERAL DIRECTOR'S SIGNATURE J.J. Frampton and Son, Federalsburg, Maryland		25a. REC'D BY REGISTRAR DATE NOV 20 1961	
25b. REGISTRAR'S SIGNATURE W. J. R. R. R.			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15121

CERTIFICATE OF DEATH

15121



1913

1913

1913



1913

12441

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12428

1. PLACE OF DEATH a. COUNTY Caroline b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg c. LENGTH OF STAY IN 1b 10 years d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Davis Lane				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg d. STREET ADDRESS Davis Lane e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First James Middle Melvin Last Moore				4. DATE OF DEATH Month November Day 5 Year 19 61			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 4, 1911	9. AGE (In years last birthday) 50 yrs.	IF UNDER 1 YEAR Months 5 Days 19 Hours 61	IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer		10b. KIND OF BUSINESS OR INDUSTRY Dulaney Foods		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry Moore				14. MOTHER'S MAIDEN NAME Annie (maiden name unknown)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-10-8169		17. INFORMANT Laura J. Johnson, Federalsburg, Maryland Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure 444X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying</u> cause lost. (b) Essential Hypertension DUE TO (c) Arteriosclerotic heart failure						INTERVAL BETWEEN ONSET AND DEATH 2 days 2 yrs. 10 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)				
21. I certify that (I) (this hospital) attended the deceased from Nov. 27 1959 to Nov. 5 1961 that (I) (we) last saw the deceased alive on Oct. 23, 1961 and that death occurred at 3:40 AM from the causes and on the date stated above.							
22a. SIGNATURE H. R. Trappnell				22b. DATE SIGNED 11.6.61			
22c. PHYSICIAN'S NAME (Type) H. R. Trappnell, M.D.				22d. ADDRESS Federalsburg, Maryland			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF Nov. 7, 1961	23c. NAME OF CEMETERY OR CREMATORY Federal Hill Cemetery		23d. LOCATION (City, town, or county) (State) Federalsburg, Maryland			
24. FUNERAL DIRECTOR'S SIGNATURE J.J. Framptom and Son, Federalsburg, Maryland ADDRESS				25a. REC'D BY REGISTRAR NOV 9 '61 DATE		25b. REGISTRAR'S SIGNATURE Arthur S. Kraus	

TO HOSPITAL: FOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be filed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be retained by the funeral director for 4 months after the death. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12442
CERTIFICATE OF DEATH
12429

1. PLACE OF DEATH a. COUNTY <u>Caroline</u> <u>MARYLAND</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Greensboro</u>		c. LENGTH OF STAY IN 1b <u>67 Yrs.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Greensboro</u>					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <u>None</u>				d. STREET ADDRESS <u>None</u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Lewis</u> Last <u>Quillen</u>				4. DATE OF DEATH Month <u>11</u> Day <u>8</u> Year <u>19 61</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>10-31-1894</u>			
9. AGE (In years last birthday) <u>67</u> yrs.		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (County & State, or foreign country) <u>Maryland</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>									
13. FATHER'S NAME <u>Isaac Quillen</u>				14. MOTHER'S MAIDEN NAME <u>Mary Mc Michel</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>					
17. INFORMANT <u>Pearl Quillen Greensboro, Maryland</u>				Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (b) <u>Arteriosclerotic Cardiovascular Disease</u> (a), stating the underlying cause last. DUE TO (c) <u>Disease</u>								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Chronic Bronchial Ashma, Chronic Bronchitis</u>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. <u> </u> p.m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that (I) (this hospital) attended the deceased from <u>Nov. 8, 1961</u> to <u>Nov. 8, 1961</u> , that (I) (we) last saw the deceased alive on <u>Nov. 8, 1961</u> , and that death occurred at <u>2A</u> M, from the causes and on the date stated above.									
22a. SIGNATURE <u>Charles H. Stonesifer</u> M.D.				ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED			
22c. PHYSICIAN'S NAME (Type) <u>Charles H. Stonesifer, M.D.</u>				22d. ADDRESS <u>Greensboro, Maryland</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE THEREOF <u>11-11-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Greensboro</u>		23d. LOCATION (City, town or county) (State) <u>Greensboro, Maryland</u>			
24. FUNERAL DIRECTOR'S SIGNATURE <u>L. E. Boulaie</u>				ADDRESS <u>Greensboro, Md.</u>		25a. REC'D BY REGISTRAR DATE <u>NOV 14 '61</u>			
				25b. REGISTRAR'S SIGNATURE <u>Arthur S. Thomas</u>					

12159

12442

(M)

Nov. 8

Nov. 8

(I)

Coronary Thrombosis
Arteriosclerotic Cardiovascular
Disease

Chronic Bronchial Asthma, Chronic Bronchitis

Nov. 8

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Charles H. Stone, M.D., Greenboro, Maryland

Dr. Charles H. Stone, M.D., Greenboro, Maryland

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pages 1 and 2 should be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

12443 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY <u>Caroline</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u>			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>Rural Greensboro</u>		c. LENGTH OF STAY IN lb <u>50 Yrs.</u>		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>X Rural Greensboro</u>			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <u>None</u>				d. STREET ADDRESS <u>None</u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Clora</u> Wothers				4. DATE OF DEATH Month <u>11</u> Day <u>24</u> Year <u>19 61</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-25-1884</u>		9. AGE (In years last birthday) <u>76</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (County & State, or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Downes</u>				14. MOTHER'S MAIDEN NAME <u>Minnie Clampett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Charles Wothers Greensboro, Maryland</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular Renal Disease</u> <u>442X</u> DUE TO Conditions, if any, which gave rise to immediate cause (b) <u>Advanced Generalized Arteriosclerosis</u> (a), stating the underlying cause last. DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <u>Mar. 5, 1961</u> to <u>Nov. 24, 1961</u> that (I) (we) last saw the deceased alive on <u>Nov. 24, 1961</u> , and that death occurred at <u>10P</u> M, from the causes and on the date stated above.							
22a. SIGNATURE <u>Charles H. Stonesifer</u> M.D.				ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED <u>11/25/61</u>	
22c. PHYSICIAN'S NAME (Type) <u>Charles H. Stonesifer, M.D.</u>				22d. ADDRESS <u>Greensboro, Md.</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE THEREOF <u>11-26-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bursville</u>		23d. LOCATION (City, town or county) (State) <u>Bursville, Delaware</u>	
24. FUNERAL DIRECTOR'S SIGNATURE <u>J.E. Boulais Greensboro, Md.</u>				25a. REC'D BY REGISTRAR DATE <u>NOV 29 '61</u>		25b. REGISTRAR'S SIGNATURE <u>Arthur L. Harris</u>	

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12130

Advanced Gonorrhea, Anterior Urethritis
Gonorrhea, Acute, Painful Discharge

Jan. 5, 1912

Jan. 20, 1912

12130

Greenwood, N.Y.

Charles H. Woodruff, M.D.

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